OFFICIAL FILE ILLINOIS COMMERCE COMMISSION

(File Original and 3 copies)

Fax Number_

ORIGINAL

(A _j	opplicant's Name)	
83	ition for Eligibility pursuant to Illinois Administrative Code 755, etion 210.	
	PETITION FOR ELIGIBILITY (Use additional sheets as necessary.)	
GENERAL		
1.	Applicant's Name(including d/b/a, if any)	FEIN#36-3152022
	Family Alliance, Inc.	
		<u>£</u> 4
	Address: Street 2028 North Semina City Woodstock State/ZipIL 600	<i>9</i> 8
	Telephone Number 815/338-3590	
	Fax Number 815/337-4406	_
2.	Address and telephone number of the applicant's headquarters:	
2.	Address: Street Same as above	
		_
	City State/Zip	_
	Telephone Number	_

Please provide the appropriate information in the () areas in the heading below

Docket No.

CHIEL CEEKIS OLLICE

Feb 22 9 46 AM *00

COMMERCE COMMISSION IFFINOIS

3.	Address and telephone number of the office in which the TTY will be located:
	Address: Street Same
	City State/Zip
	Telephone Number
4.	83 Illinois Administrative Code 755.10 defines organization as " centers for independent living and those Illinois-based not-for-profit organizations not owned or operated by any political subdivision, public institution of higher learning, state agency, or municipal corporation of this State whose primary purpose is serving the needs of those persons with disabilities". Please provide a statement explaining how your organization meets the definition of an "organization."
5.	Please provide a statement of the equipment set applied for and demonstrate that the organization's primary purpose is sewing those persons with disabilities who require that kind of equipment set. See Attachment A
6.	Please attach a list of the full names, address and telephone numbers of the officers who can act fortheorganization. See Attach ment A
7.	Please attach a copy of the organization's articles of incorporation, by-laws, charter, brochures or any other documenting evidence supporting No. 4 above.
8.	Please attach a copy of the organization's most recent annual report (if applicable).
9.	Does the organization already possess a TTY from the Illinois Telecommunications Access Corporation (ITAC). See Attachmen t A
10	Has the organization operated under any other name in the past? See Attach ment A (Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Ollinis)
State of <u>Ollinais</u>)ss County of n Hen
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("unf a. Louise makes oath and says that he is Exec Director
(Insert here the name of affiant) (Insert the official title of the affiant)
of
(Insert here the exact legal title or name of the Applicant)
that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.
(Signature of affiant) Directly
(Signature of affiant) Question
Subscribed and sworn to before me, a Notary Public/
in the State and County above named, this 14 day of February 102,000
(Signature of person authorized to administer oath)

OFFICIAL SEAL

JANE BERLIN

NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES:03/13/02

SERVICE LIST

Cindy Jackson, Staff Liaison Illinois Commerce Commission 527 East Capitol Avenue Springfield, Illinois 62794

Trudy **Snell**, Executive Director Illinois Telecommunications Access Corporation 3001 Montvale Drive, Suite D Springfield, Illinois 62704

Kate Kubey, ITAP Chairperson %HANDS
2501 West 103rd
Chicago, Illinois 60655

Petition for Eligibility

Attachment A

- 5. Older persons with hearing loss.
- 6. Carol Louise
 Executive Director
 982 Wheatlaud
 Crystal Lake, IL 60014
 815/459-2879

Jane Berlin Associate Director 13317 Charles Rd Woodstock, IL 60098 815/338-1542

Lynda Markut Clinical Director 928 Clay St Woodstock, IL 60098 815/338-6421

- 9. No.
- 10. No.

(ttyattach)